# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101982

1. Entity Name

ENBOX, CORP

FILED
03 NOV -4 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200024362612
11/24/03--01027--027 **450.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4851 SW 75 AVE<br>Suite, Apt. #, etc. | SAME<br>Suite, Apt. #, etc. |
| City & State: MIAMI, FLORIDA | City & State |
| Zip: 33155 Country | Zip Country |

4. FEI Number: XX Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAELANGELO ROJAS

Street Address (P.O. Box Number is Not Acceptable)

4851 SW 75 AVE

City: MIAMI FL Zip Code: 33155

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michelangelo Rojas 11-03-2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>MICHAELANGELO ROJAS<br>4851 SW 75 AVE<br>MIAMI, FL 33155 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STATEMENT 01-03 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS |
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michelangelo Rojas 11-03-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 450.00 for the annual report fee with my application.

Please be advise that on December 2000 we moved to 4851 SW 75 AVE-MIAMI, FL 33155 and we did not receive the U.B.R. for the years 2001, 2002 & 2003 or any other notice from the Division of Corporations in respect with the Corporation **ENBOX, CORP.**

Thank you for your courtesy in this matter.

**MICHAELANGELO ROJAS**
**PRESIDENT**